



Healthy Child Manitoba Office

Healthy Baby Programs

Attendance at Healthy Baby Programs

December 2009

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## REPORT PURPOSE AND OVERVIEW

In June of 2004, Healthy Baby Programs started formally collecting paperwork to track information about program participants. Paperwork submitted includes:

- "We're Glad You are Here" forms
- Attendance Sheets
- Infant Feeding Charts
- Prenatal and Postnatal Participant Surveys
- Session Tracking Sheets

This report provides some highlights of information obtained from the Attendance forms. There has been very little research published about the ideal number of contacts with a program in order for that program to impact, or make changes, in the lives of participants. We see this report as a starting point in giving us information about attendance patterns of Healthy Baby Program participants. In this report, we describe how often participants are attending programs, where there are differences and what seems to be leading to the differences in rates of program attendance, time between attendance and overall length of involvement with Healthy Baby Programs.

This report is based on the attendance forms that we have received for 10,513 participants which is just over 72 per cent of all participants as of the time of this report (14,526). We also link in some information about program satisfaction from both the prenatal and postnatal surveys. The time period covered in this report, unless otherwise noted, is programs that occurred between June 1, 2004 and January 21, 2009.

Healthy Baby Programs take place at many different locations throughout Manitoba. Agencies are funded to deliver Healthy Baby Programs but do not use the name "Healthy Baby Program" - each agency and site has its own name and may have specific target groups (for example, there are some "teen sites" offered by some Agencies).

Please direct any questions about this report to Cynthia Carr at [epiresearch@shaw.ca](mailto:epiresearch@shaw.ca)

## KEY FINDINGS

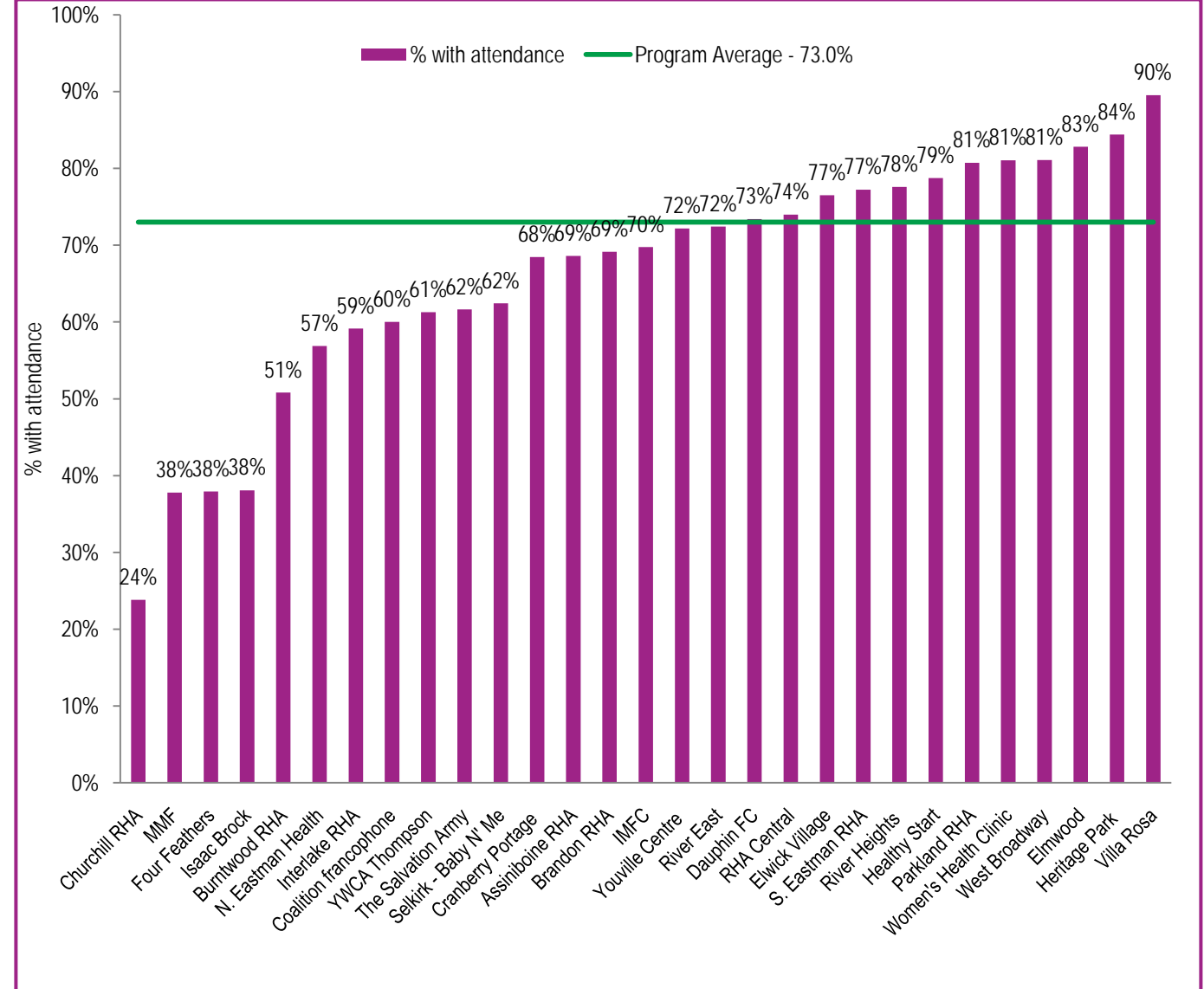
In this report we found that:

- For the most part, Healthy Baby Programs are offered in group settings and for most participants, this is the only type of contact they have with the program.
- Almost three out of every four contacts with the Healthy Baby Program are made through group visits, the remaining are almost evenly split between telephone and home visits.
- On average, participants attended 6.3 group program sessions. Postnatal participants are more likely to attend more sessions than are prenatal participants (an average of 7.2 sessions compared to 5.1). This is likely related to the fact that many women are still working when they are pregnant and may not have time attend a Healthy Baby Program session, particularly if it is only offered during the day.
- The average total number of contacts (group visits, home visits and telephone contacts) is 7.6 contacts per participant. This has remained quite stable each year. 2008/09 rates are lower as we do not have a complete year of data as of publication date.
- On average, participants connect with the Healthy Baby program every three weeks.
- There is a difference in the number of group visits depending on where participants live. Both before and after birth, rural participants have the fewest number of group visit with only 3.3 visits before, and 5.4 visits after birth. It is important to note that the majority of rural groups are only offered monthly or bi-monthly so these results are not unexpected. However, this information is important in highlighting that there is not as much access to programming in some rural areas as in urban areas such as Winnipeg.
- There is a statistically significant relationship between the number of group visits a participant attends and if the and whether the participant is Aboriginal, receives Income Assistance and lives in a rural location. In these cases, participants are likely to attend FEWER program sessions than participants who are non-Aboriginal, do not receive Income Assistance and live in an urban area.
- For rural participants ONLY, the number of visits is predicted only by whether the participant is Aboriginal (that is, they are less likely to come).

## 1.0 ATTENDANCE FORMS

- As of this report date, we had attendance forms for 10,513 participants which is just over 72 per cent of all participants (14,526).
- Rates of attendance form submissions range from a low of 24 per cent of participants in Churchill RHA to 90 per cent of participants at Villa Rosa (see Figure 1).
- Home visits, telephone contacts and group visits are tracked on the attendance forms. Of all contacts with the program, 73.2 per cent were group visits, 13.0 per cent were telephone contacts and 13.7 per cent were home visits.

Figure 1. Attendance form submission by Agency.



## 2.0 CONTACT WITH HEALTHY BABY PROGRAM

- **Figure 2** shows that the average number of contacts (group visits, home visits and telephone contacts) is 7.6 contacts per participant. This has remained quite stable each year. 2008/09 rates are lower as we do not have a complete year of data as of publication date.
- **Figure 3** shows on average, how long participants had contact with the Healthy Baby Program they were attending. On average, in the first three years, participants were involved with the program for just over five months. This means for example, in 2006/07, participants had on average 7.2 contacts with their Healthy Baby program over a period of 5.2 months.
- It is unclear as to why the numbers of visits and lengths of contacts appear to be declining slightly over time. It is possible that we do not have all data for 2007/08 participants and that these rates will increase.

**Figure 2.** Average number of Healthy Baby Program contacts per participant by fiscal year.



Note: 2008/09 data are incomplete.

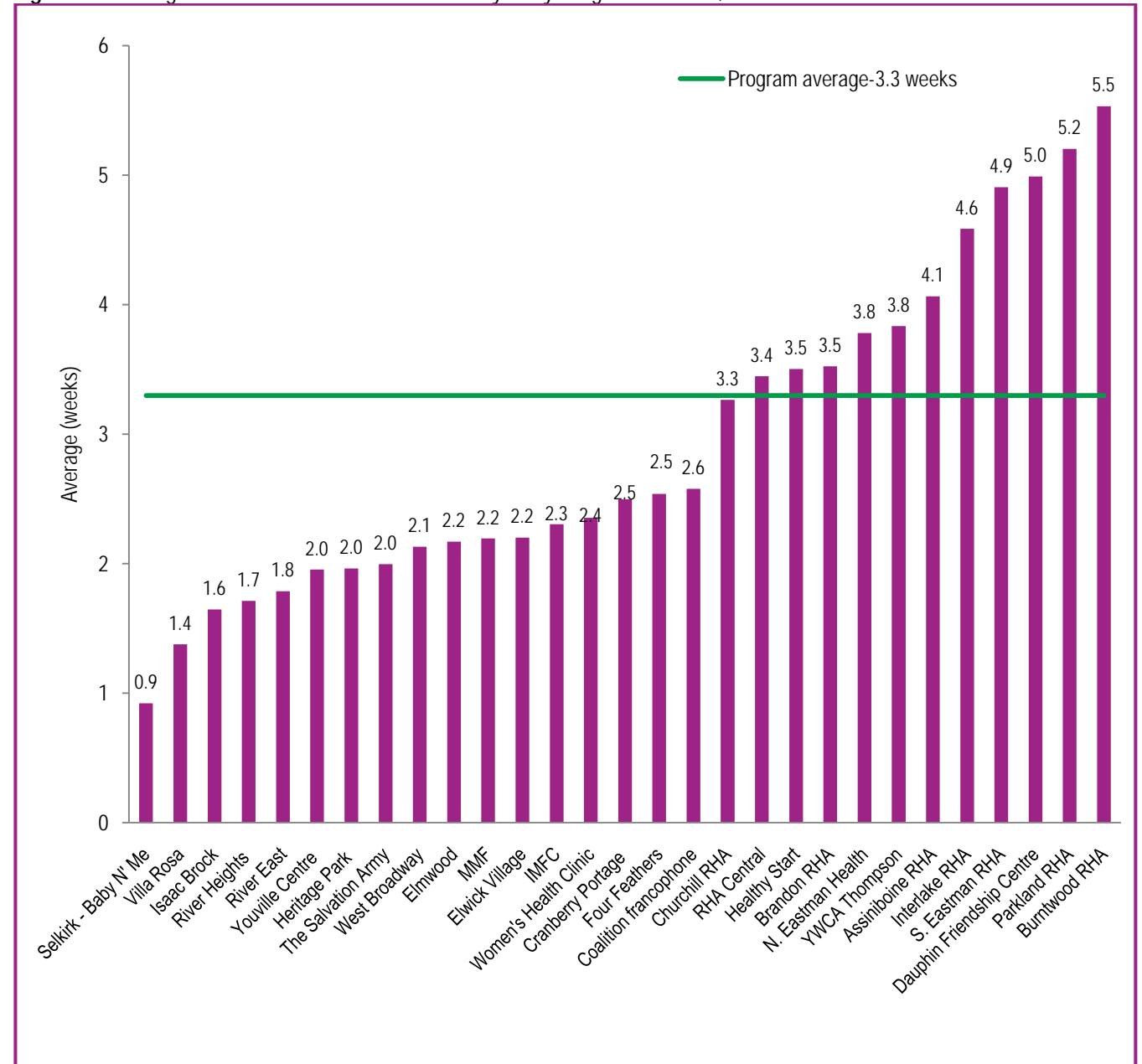
**Figure 3.** Average length of contact with Healthy Baby Programs by fiscal year.



Note: 2008/09 data are incomplete.

- **Figure 4** shows the average number of weeks between contact with a Healthy Baby Program by agency. The average between 2004/05 and 2008/09 was 3.3 weeks and this ranges from less than one week (0.9) for Selkirk - Baby N' Me participants to 5.5 weeks for Burntwood RHA participants.
- Note: Northern and rural programs do not have group programming as frequently as urban programs.
- Most participants start attending prenatal programming during the second trimester of pregnancy or on average when the infant is about three months of age for the postnatal program.
- If more than a month goes by between program contacts, the number of potential visits and program impact is lessened.

**Figure 4.** Average number of weeks between Healthy Baby Program contacts, 2004/05 - 2008/09.

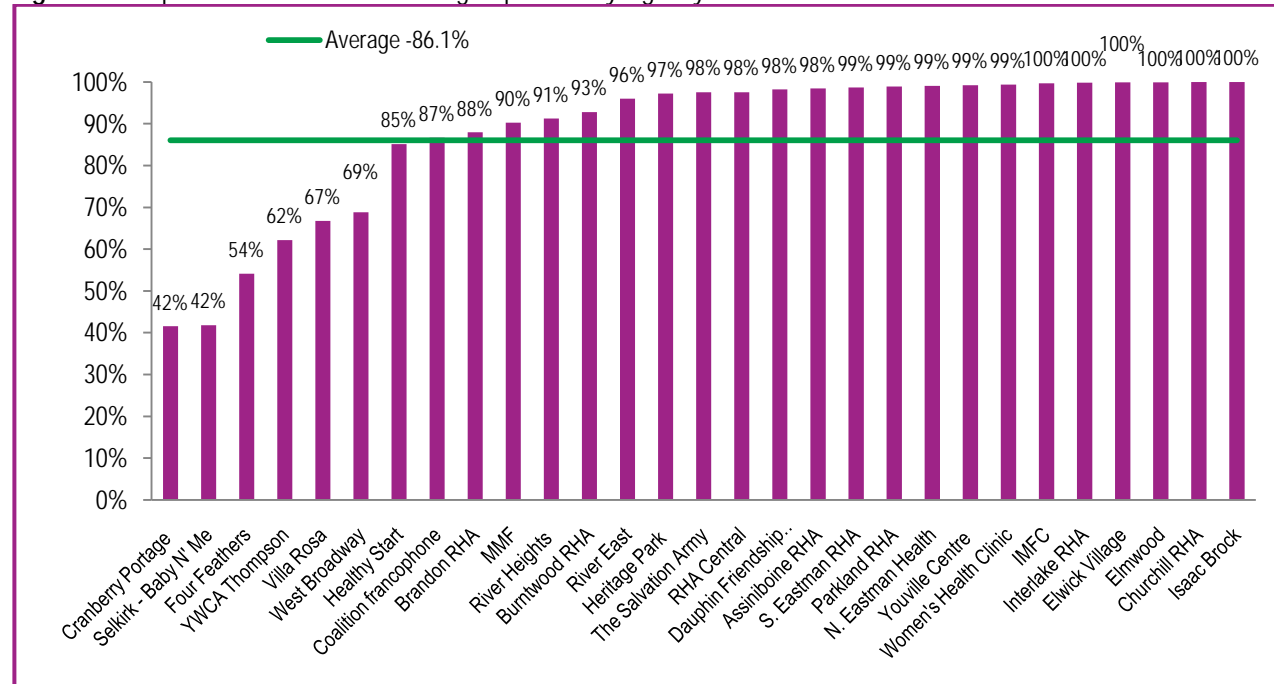




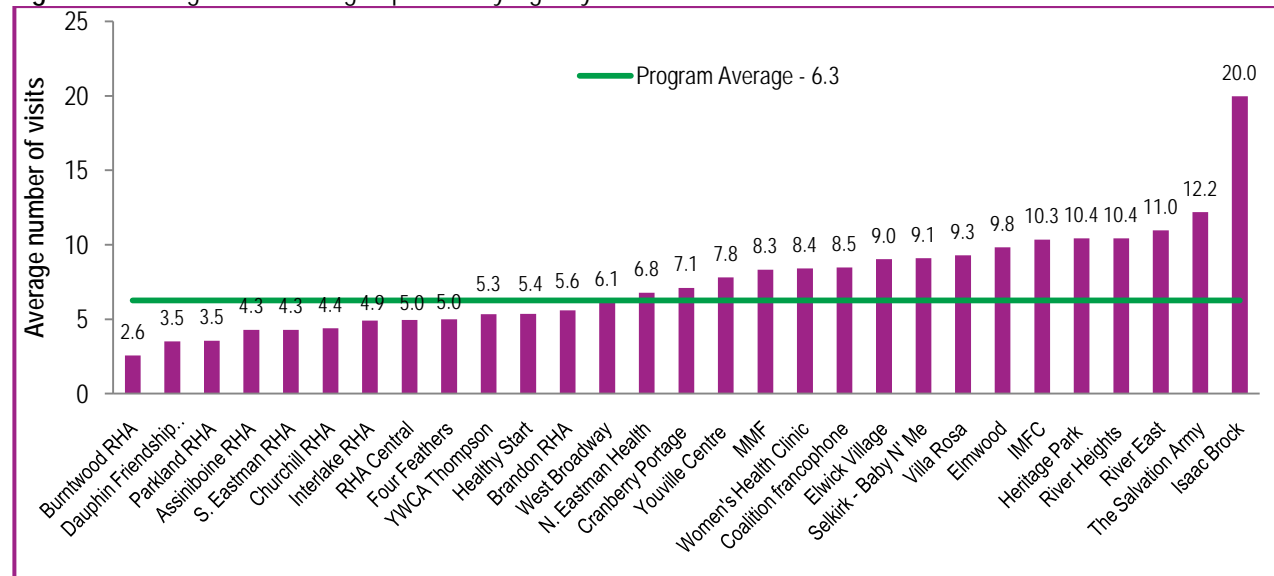
## 2.1 Group visits only

- For the most part, Healthy Baby programming is expected to be provided in a group setting (as opposed to by home visits or over the phone). **Figure 5** shows that this is the case for the majority of agencies.
- On average, participants attended 6.3 group program sessions. This ranged from 2.6 visits per participant for Burntwood RHA program participants to a high of 20.0 per participant for Isaac Brock. However, Isaac Brock data is skewed by one participant who attended 26 times (see **Figure 6**).
- When we look at prenatal participants only, the average number of group visits is 5.1 visits with a range of 2.3 to 12 visits per participant by agency.
- For postnatal participants, the average number of visits is 7.2 with a range of 2.5 to 19.8 visits.

**Figure 5.** Proportion of all visits that are "group visits" by Agency.



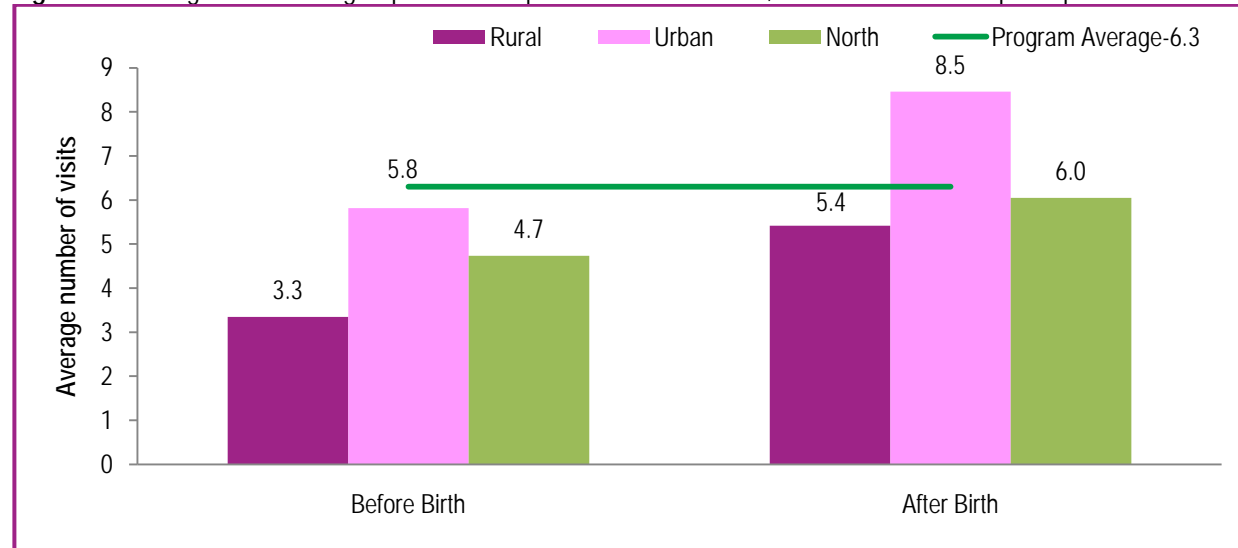
**Figure 6.** Average number of "group visits" by Agency.



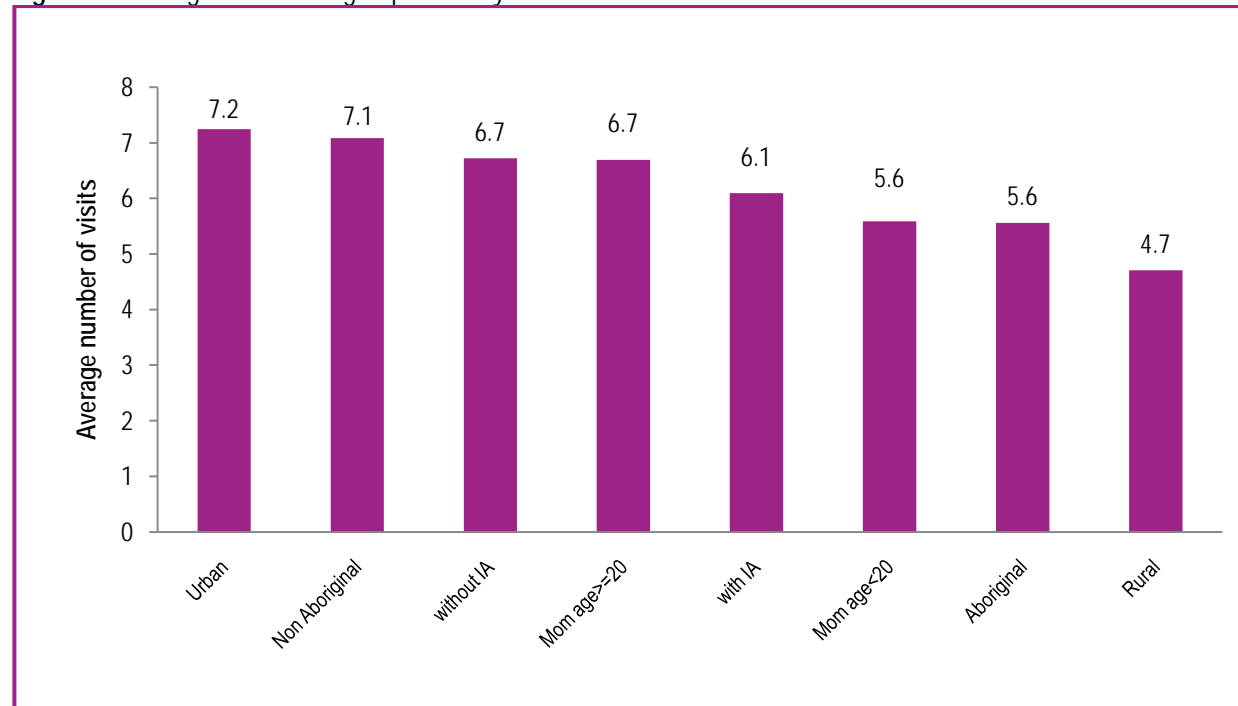
## 2.2 Relationship between program attendance and participant characteristics

- Frequency of programming varies between the northern and rural programs and urban areas. This will impact how often a participant can attend a program.
- **Figure 7** shows the average number of group visits before and after birth and whether the program was offered in a rural, urban or northern location. Rural participants have the fewest number of group visit with 3.3 before and 5.4 after birth. In all cases, the numbers of visits increases after birth.
- **Figure 8** shows the average number of group visits in relation to several participant characteristics. Overall, there is a statistically significant relationship between the number of visits and whether the participant is Aboriginal, receives income assistance and lives in a rural location. In these cases, these participants are likely to attend FEWER program sessions.
- For rural participants ONLY, the number of visits is predicted only by whether the participant is Aboriginal (that is, they are less likely to come).

**Figure 7.** Average number of "group visits" comparison between Rural, Urban and Northern participants.

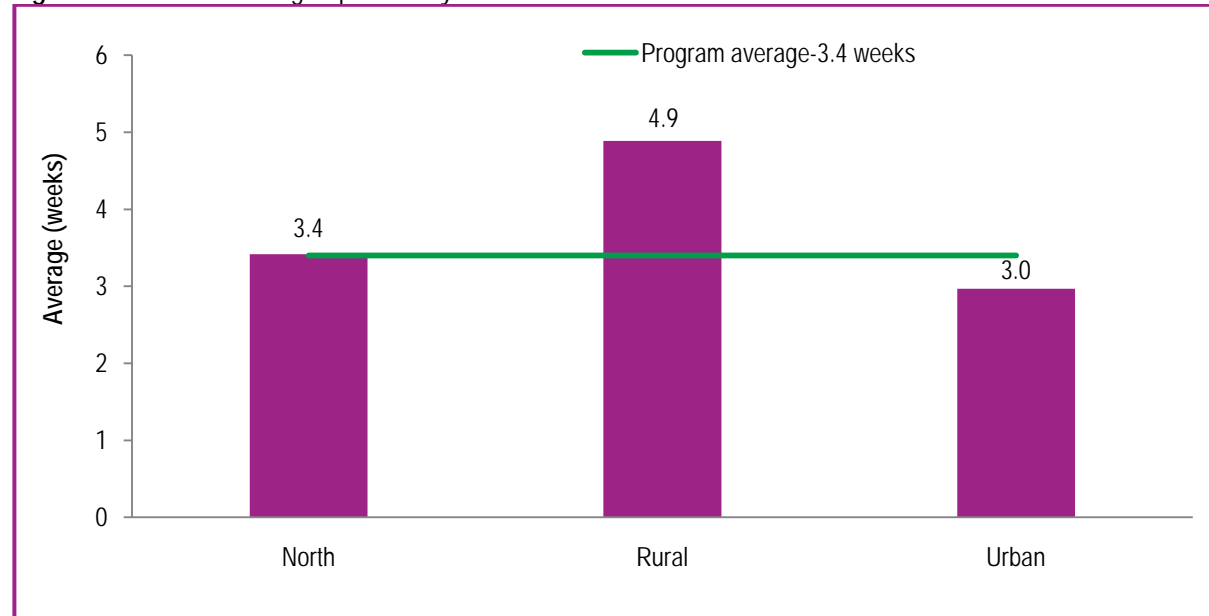


**Figure 8.** Average number of "group visits" by indicator.



- We have shown that the average time between program contact is 3.3 weeks. If we look at group visits only, the average increases slightly to 3.4 weeks. As **Figure 9** shows, the greatest difference is with rural programs, where on average, there are 4.9 weeks between group visits. Given that many rural programs can be offered only once per month, these data do correlate quite well with how often participants have the opportunity to attend programs.
- **Figures 10 and 11** show the time between group visits for prenatal and postnatal participants. The time between group visits is almost the same for urban participants.
- For rural participants, there are on average 4.5 weeks between visits for prenatal participants and this increases to 5.0 weeks for postnatal participants. The time between visits also increases for Northern participants.

**Figure 9.** Time between "group visits" by location.



**Figure 10.** Time between "group visits" by location, prenatal participants only.

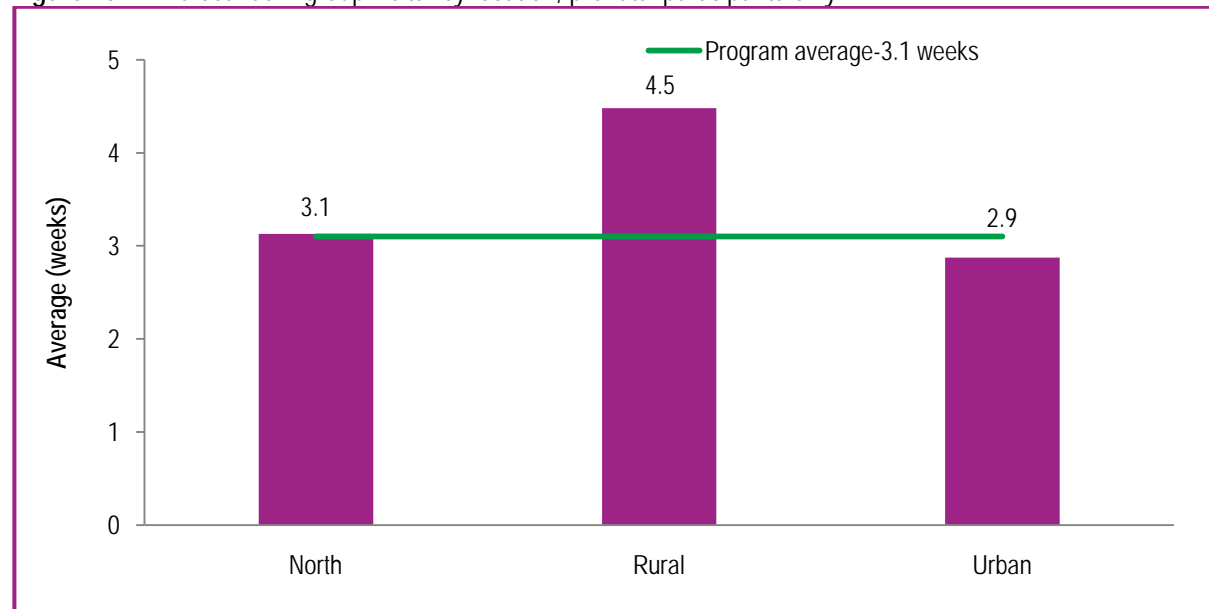
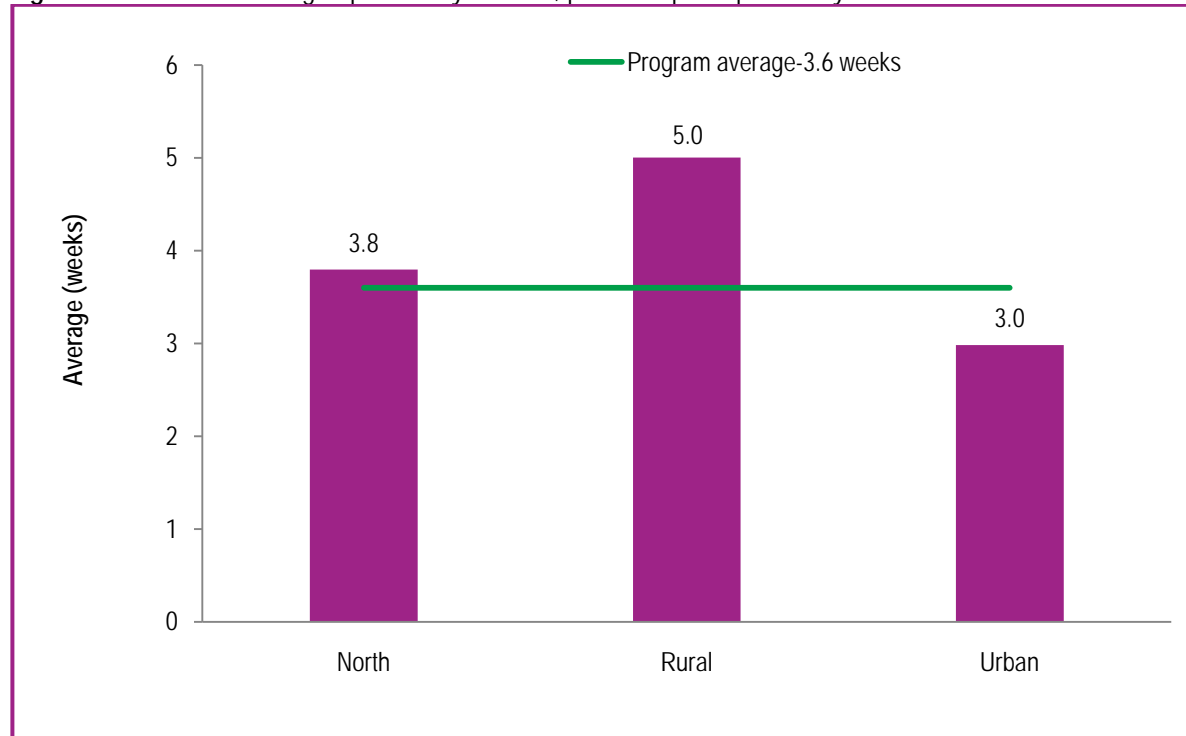


Figure 11. Time between "group visits" by location, postnatal participants only.



### 2.3 Relationship between program attendance and participant satisfaction with the program.

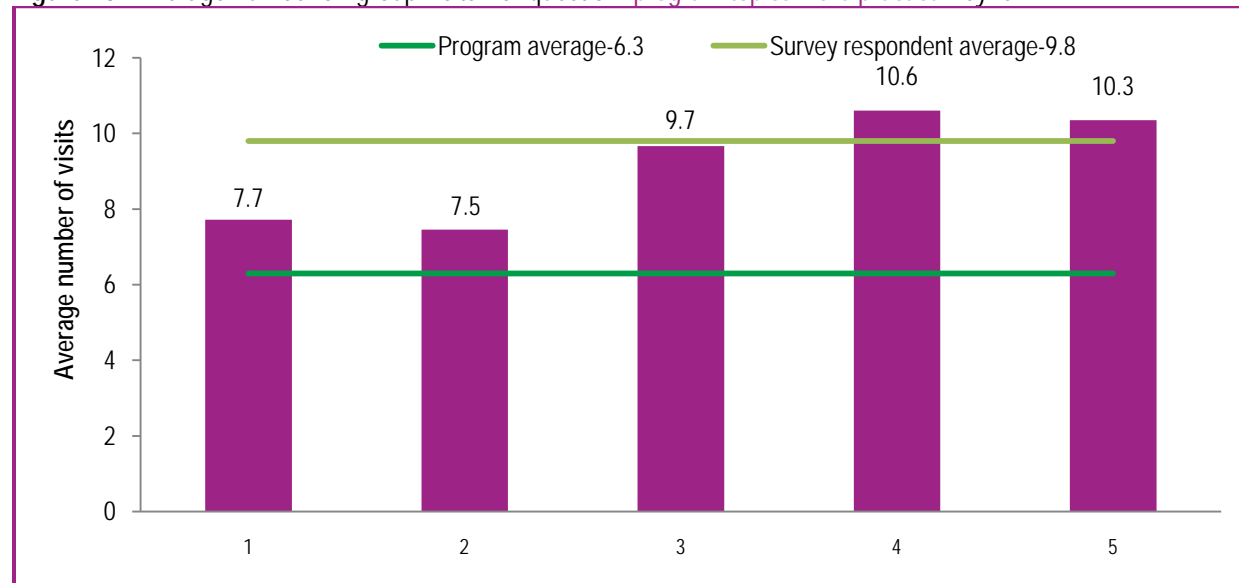
In the Healthy Baby prenatal and postnatal surveys, participants were asked to rank several statements about the program location, the program staff and the program topics. A ranking of "1" meant that the participant strongly disagreed with the statement, while "5" meant that the participant strongly agreed with the statement. For participants for whom we had both a survey (either prenatal or postnatal) and an attendance form, we linked the number of group visits with their ranking of the program.

- Figures 12 to 16 illustrate some of these results.
- It is important to note that these results must be interpreted keeping in mind that we are only looking at participants who stayed in the program long enough to participate in the surveys. In addition, willingness to participate in the survey may indicate that these participants are more interested in, or connected to, the program. Overall, the average numbers of visits, even for those who "strongly disagreed" with statements, is higher than for all group participants in general.

Figure 12. Average number of "group visits" for question "program staff were supportive" by rank.



Figure 13. Average number of "group visits" for question "program topics were practical" by rank.



- Figures 12 to 15 show that in general, the more strongly a participant agreed with a statement, the more frequently they would attend a Healthy Baby program session.

Figure 14. Average number of "group visits" for question "program staff were knowledgeable" by rank.

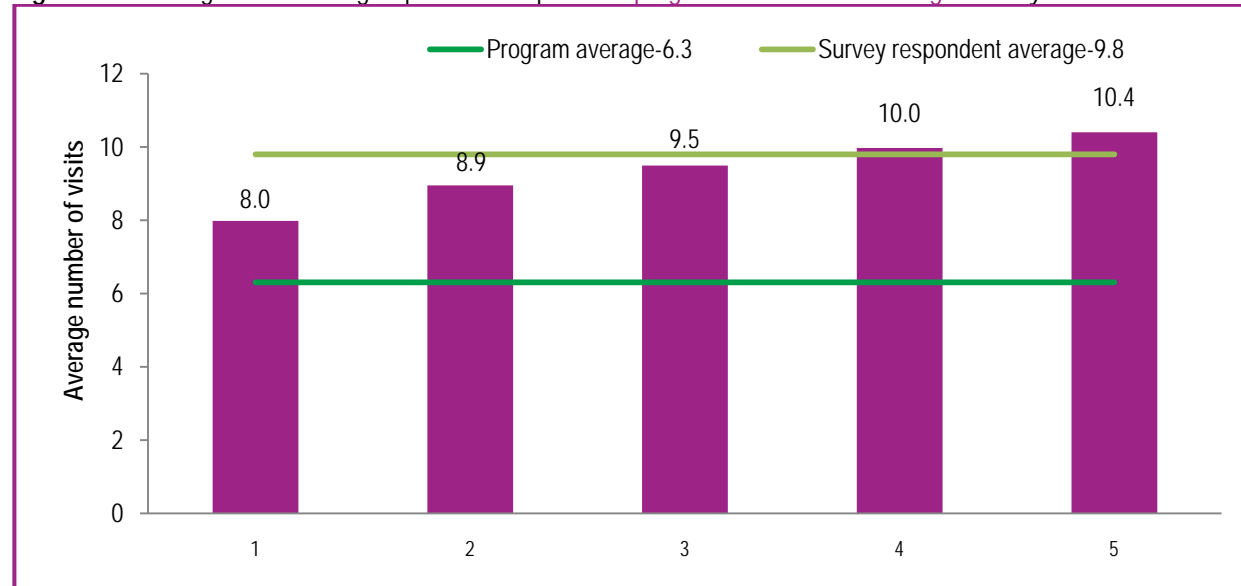
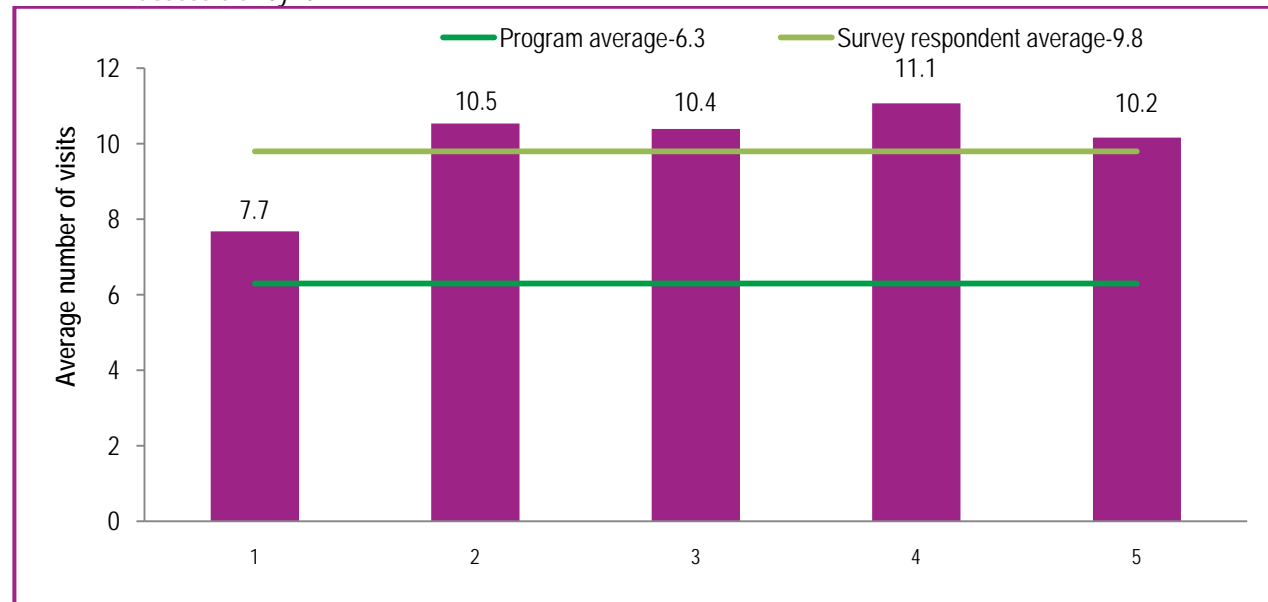


Figure 15. Average number of "group visits" for question "program environment/location was accessible" by rank.



- **Figure 16** shows an interesting difference in this trend. For the question, "program environment /location was in a safe area" - those who agreed with this statement did not necessarily come to the programs more often than people who disagreed. In fact, it appears that those people who disagreed with this statement, are those who attended most frequently. This may speak to program need - that is, people who already live in an unsafe area may have more need for these kinds of services. Since they already live in the area, the fact that the program is not necessarily in a safe location, does not make them attend less. It appears that as long as the program is accessible (which often means in the same community as where one lives), and the staff treat participants in a way that is respectful and provide useful information, participants will attend the programs.

**Figure 16.** Average number of "group visits" for question "program environment/location was in a safe area" by rank.

